First Report (Input Form)

X () Company of the second se

Harma Hoce of Regions I Kin New Streets Bulens to Japan Brown in 1980

LName ANDERSON 12 Injuried at Address 234 CONTRA COSTA BLD 16. Have youlor your office) previously (reated patent?) 6 Yes C No 16a. Treated under any health plan for this incident? 6 Yes C No 14. Dale Last Worked: 10/16/1999 _____ Report Date: |10/21/1999 💌 E. Does employee have 2rd job? で Yes で No D. Relevant lemme activities: WEEKEND FOOTBALL SKIING, SAILING B. Refevent Past History RECURRENT LUMBARSACRAL STRAINS A. Description: | UFTING A 408 PRODUCE BOX FROM THE FLOOR, WHEN I FELT SHARP BACK PAIN 177 Patient's Description of now the Accident of Exposure Occurred: 15. Deta and hour of first examination or trackment | 10/17/1999 | | 10500 | FAN C.PM | C. Description of present occupational duties: Heavy Lilvy 16b. Health Flan Nems: BLUE CROSS If yes, Employed Names. MT HOSE SKI RESOR Zppcode | 94549-3003 Esos# Workers Compensation Ok to Send Suspend Delete SSN# 494-94-9484 DOI 10/16/1999 County CONTRA COSTA CONCORD Work Status

Dactor's First Repoil

Date and Time: 10/21/99 10:11:01 AM

HABITI BEOK VECE

世紀の名のか

mput Form

Enck Home: Democratical
Submit Raset
Employer、 [Reilwey Express Payer Name : [CSSG
S9N: 565340865
Last Name: SMITH
olic vinera tor batch vanification
Enthy Patriculations (All fields are required.)
Claims Verification Service
P.CIPIL V.
[Hid 图] Book With Web 图] Chromed Links 图 Internot Endow News 图 Internet Start 图 Real Power 1997 1998 1998 1998 1998 1998 1998 1998
は 一会 ② 回 A ② G Q A South Forward History Charmes Fullicopen, Mall Firm
Friains Verification Service - Microsoft Internet Explorer

F1608628 P

The second of th

Result Page

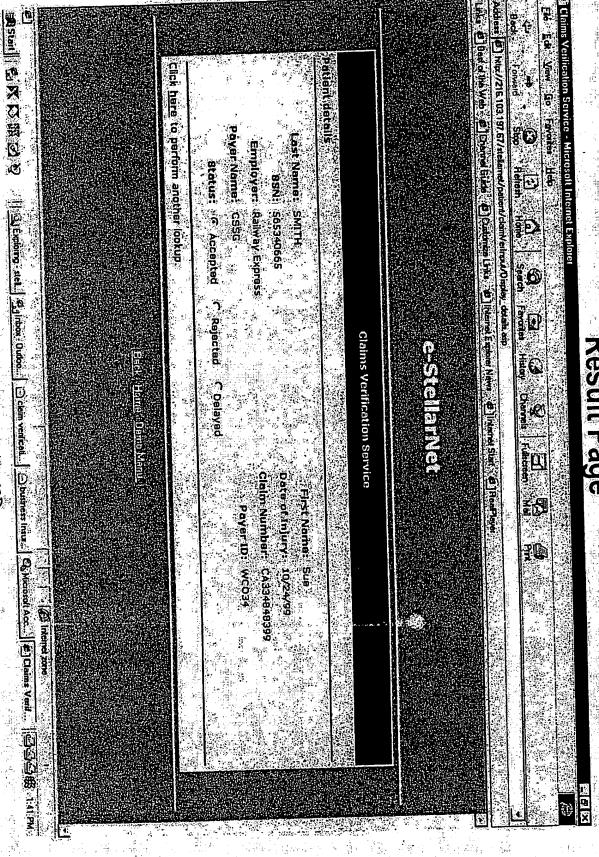


FIGURE 8B

Aled Email

rom jupport@estellamet.com

SUNNY@CSWLCOM

E-STELLARNET EARLY CLAIMS ALERT .— TEST MAIL

Date 12/3/99
Last Name BOYD
Eirst Name JOSEPH
Social Security 554/11/231
Date of injury 04/27/99
Employer MCMILLAN TECH
Payer CMMC

FIGURE 80

MErosoft Demo

O day

This Page is Inserted by IFW Indexing and Scanning Operations and is not part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are no	ot limited to the items checked:
☐ BLACK BORDERS	
☐ IMAGE CUT OFF AT TOP, BOTTOM O	R SIDES
☐ FADED TEXT OR DRAWING	·
☐ BLURRED OR ILLEGIBLE TEXT OR D	PRAWING
☐ SKEWED/SLANTED IMAGES	•
COLOR OR BLACK AND WHITE PHO	TOGRAPHS
☐ GRAY SCALE DOCUMENTS	·
☐ LINES OR MARKS ON ORIGINAL DO	CUMENT
REFERENCE(S) OR EXHIBIT(S) SUBM	ITTED ARE POOR QUALITY

IMAGES ARE BEST AVAILABLE COPY.

☐ OTHER: _

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.